The COI must meet ALL mandatory requirements shown in red

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s).												
PRO	DUCER	CONTACT NAME:										
Insurance provider name and address here.						PHONE FAX (A/C, No, Ext): (A/C, No):						
Provider must be registered to do business in the U.S.						E-MAIL ADDRESS:						
Trovider must be registered to do pusiness in the o.s.						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A :						
INSURED						INSURER B:						
Your company name or DBA and address* here.						INSURER C :						
Viv						INSURER D:						
						INSURER E :						
						INSURER F:						
		NUMBER:	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR TYPE OF INSURANCE			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE		\$		
X COMMERCIAL GENERAL LIABILITY						Policy start	Advad a con-	DAMAGE TO RENTED PREMISES (Ea occurre	nce)	\$		
CLAIMS-MADE OCCUR							Must expire	MED EXP (Any one person) \$				
	Broad Form Property Damage					date	after event end date.	PERSONAL & ADV INJI	URY	\$		
	Blanket Contractual						end date.	GENERAL AGGREGAT	Ε	\$ 1,000	0,000 USD	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/O	P AGG	\$		
	POLICY PRO- JECT LOC									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	ALT	\$		
	ANY AUTO							BODILY INJURY (Per pe	erson)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per a	ccident)	\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR						,	EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION	_			_			WC STATU-	OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							TORYLIMITS	ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	DI OVEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMP				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT	Þ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
Additional incomed												
Additional insured:												
CEF	RTIFICATE HOLDER		ANCELLATION									
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE							
						Handwritten Signature						